

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/563,699</div>		FILING DATE <div style="font-size: 1.2em;">9-19-06</div>				
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
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TOTAL CLAIMS	16						TOTAL CLAIMS						